

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-007422

STATE FILE NUMBER

AMENDED

Registration District No.

274

Primary Registration District No.

3052

Registrar's No.

85

DATE AMENDED

FILED MAR 12 1962

1. PLACE OF DEATH

a. COUNTY

Pettis

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Sedalia

Length of stay in lb

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Mo

b. COUNTY Pettis

c. CITY OR TOWN Sedalia

Inside Limits
Yes ☒ No ☐c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION Bothwell HospitalInside Limits
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)
620 W. 32ndReside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Middle

Last

Huld A

Dieckmann

4. DATE OF DEATH

Month

Day

Year

March 2

1962

5. SEX

Female

6. COLOR OR RACE

White

7. Married

Never Married ☒Widowed ☐Divorced ☐

8. DATE OF BIRTH

4-16-1894

9. AGE (last birthday)

IF UNDER 1 YEAR

IF UNDER 24 HR

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Machine operator

10b. KIND OF BUSINESS OR INDUSTRY

Laundry Co.

11. BIRTHPLACE (City and state or country)

Benton Co. Mo

12. CITIZEN OF WHAT COUNTRY

U. S. A.

13a. FATHER'S NAME

Wm Harms

13b. MOTHER'S MAIDEN NAME

Marie Bremer

14. NAME OF HUSBAND OR WIFE

Otto Dieckmann

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

[REDACTED]

17. INFORMANT

Otto Dieckmann

Address 620 W. 32nd

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Coronary Artery Occlusion

INTERVAL BETWEEN ONSET AND DEATH

Sudden

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Atherosclerotic Heart Disease

years

DUE TO (c)

Malignant Hypertension

8 yrs

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m.
Month, Day, Year p.m.20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 2-19-62 to 3-2-62 and last saw her alive on 3-2-1962.
Death occurred at 7:25 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

[Signature]

22b. ADDRESS

Woodmoor, Sedalia Mo

22c. DATE SIGNED

3/2/62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

Mar. 5 1962

23c. NAME OF CEMETERY OR CREMATORY

Memorial Park

23d. LOCATION (City, town, or county)

Sedalia

23e. (State)

Mo

24. FUNERAL DIRECTOR

M^cLaughlin Bros

ADDRESS

Sedalia

25. DATE RECD. BY LOCAL REG.

Mar 5 1962

26. REGISTRAR'S SIGNATURE

Francis Shelby

(Licensed Embalmer's Statement on Reverse Side)

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Jerry J. Cantlon

Licensed Embalmer No. 5153

P. O. Address Sedalia, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.